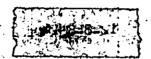
		<b>D</b>	Registration District No. District No. District No. 1003 Registrer's No. 11671 STATE FILE NUMBER    Primary Registration District No.   11671					
VS 300	a		a. COUNTY  a. STATE Missouri b. COUNTY St.	Louis edmission)				
VS 300 Rev. 4/59	ᇗ		b. CITY (If outside corporate limits, give TOWNSHIP only)  OR  C. CITY  OR  OR  OR	Inside Limits				
1	\ \ \		TOWN ST. LOUIS, MISSOURI 5 days TOWN Maplewood  c. FULL NAME OF (If NOT in hospital, give location)  linside Limits d. STREET (If cutside, give	Yes No Reside on Farm				
240043 m	A PE		HOSPITAL OR BARNES HOSPITAL  Yes  No  ADDRESS  ADDRESS  3104 Big Bend Blv	'				
3	2	-	3. NAME OF DECEASED First Middle Lest 4. DATE Month (Type or print) OF	Day Year				
4 0			LOU MMI DICKENS DEATH DECEMBE	R 3 1962				
			5. SEX 6. COLOR OR RACE 7. Married Never Married 1. 87 DATE OF BIRTH 2. AGE (last birthday) IF Widowed Divorced Divorced Married Married Married Married Divorced Div	UNDER 1 YEAR IF UNDER 24 HR onths Days Hours Min.				
		1	Male White Widowed Divorced 1228 35 16 76  10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BROWN CERCITY and state or country) 12	2. CITIZEN OF WHAT COUNTRY				
6	111		Ret. Inspector Am. Theremostat Co. Gray Summit, Mo.	USA				
7 0 Q			13a. FATHER'S NAME 13b! MOTHER'S MAIDEN NAME 14. NAME OF HUSE	BAND OR WIFE				
8 / 1			Mason Dickens Unknown Davis Anna Hist  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  14. SOCIAL SECURITY NO. 17. INFORMANT  Additional Control of the Control	t Dickens				
- 'S			(Yes, po, or unknown) I (If yes, give war or dates of serv					
A RE		늗	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN				
10 1 1	_	MEN	IMMEDIATE CAUSE (a) RIGHT MIDDLE CEREBRAL ARTERIAL THROMBOSIS	ONSET AND DEATH				
RECORD 11		DOCUMENT						
1252-0	INSTEAD	ă	Conditions, if any, which gave rise to DUE TO (b) GENERALIZED ARTERIOSCLEROTIC VASCULAR DISEAS	SE 20 YEARS				
13	2		above cause (a), stating the under-					
z Z			tyring - cause last. ) Duc to (c)	If deceased was female was				
72 0			disease condition given in PART I (a)	there a pregnancy in last 90 days.				
			ADENOCARCINOMA OF STOMACH WITH METASTASES  19. WAS AUTOPSY   206. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PA	Yes No Unknown				
ON AMENDMENT			PERFORMED?	RI I OF PARI II OT ITEM 18.)				
N N N			20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.					
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, while AT WORK   10 farm, factory, street, office bldg., etc.)	COUNTY STATE				
USE BLAC OR YPEWRITER	욹		21, I attended the deceased from NOV. 29, 1962 , to DEC. 3, 1962 and last saw her him alive on DEC	. 3. 1962				
R   B			Death occurred at					
USE IYPEWE	ਤੋ	٩ ۾	228. SIGNATURE (Degree or title) 22b. ADDRESS BARNES. HUSPIT	AL 22c. DATE SIGNED				
	Ĕ		C. Vermellion, M. S. M. D.	12/4/62				
·    -	.	AFFIDAVIT	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or REMOVAL (Specify)	or county) (State)				
	<b>71 !!</b>		Burial 12-6-62 New St. Marcus Comptery St. Louis, Mo					

. 4 July 122 ...



## STATEMENT BY LICENSED EMBALMER

r by			, Student Embalmer No
vorking under my perso	nal supervision.	Q4	A R
tudent		Signed	Jurges
Signat	ure of Student Embalmer		Licensed Embalmer No. 4029
	• •		P. O. Address Maple 12100
Note: The abov	MUST BE SIGNED BY THE	E LICENSED EMBALMER i	n his OWN HANDWRITING. (Failure to comply